PATENT APPLICATION FEE DETERMINATION RECO									ORD 10/773, 753							
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE				)R	OTHE	R THAN ENTITY		
TOTAL CLAIMS							l	RATE		FE			RATE	FEE		
FOR			NUMBE	NUMBER FILED .		NUMBER EXTRA		BASIC F	EE	385.0	00 (	R	BASIC FE	E 770.00		
TOTAL CHARGEABLE CLAIMS			37	37-minus 20=*		1.7		X\$.9=		153		) FI	.X <b>\$</b> 18≓			
INDEPENDENT CLAIMS			5,	5 minus 3 = *		2		X43=		86	-	)R	X86=			
м	ULTIPLE DEPE	ENDENT CLAIM	PRESENT	RESENT				+145=					+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							'	TOTAL	4	1211	7	R R	TOTAL			
CLAIMS AS AMENDED - PART II								IOIA	L	624		חי		THAN		
		(Column 1)		(Column 2) (Column 3)			_	SMAL	LE	YTITM	_ OF	R _	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- IONA FEE			RATE	ADDI- TIONAL FEE		
	Total	- 37	Minus	- 3	7	<b>-</b> Ø		X\$ 9=		1	O	R	X\$18=			
	Independent	. 5	Minus	*** 5	5	= 0 .	-	X43=		1	$\int_{\mathcal{O}_{i}}$	٦	X86=			
	FIRST PRESI	ULTIPLE DE	TIPLE DEPENDENT CLAIM			Ī	+145=	1	1	OF		+290=				
	·							TOTAL		+	OF	L	TOTAL			
	(Column 1) (Column 2) (Column 3)							DDIT. FEE	: <b>L</b> _			. А	DDIT FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID FI	ST ER JSLY	PRESENT EXTRA		. RATE	T	ADDI- IONAL FEE			RATE	ADDI- TIONAL FEE		
	Total	*	Minus	44		=		X\$ 9=			OF		X\$18=			
	Independent	4	Minus	***		=		X43=	T	-	OF		X86=			
	FIRST PRESE	NTATION OF ML	ILTIPLE DEI	PENDENT	LAIM			+145=			OR		+290=			
											OR	ΑĮ	TOTAL DDIT. FEE			
	(Column 1) (Column 2) (Column 3)										_					
N L		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID'FO	R SLY	PRESENT EXTRA		RATE	TK	DDI- ONAL EE			RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=		X\$ 9=			OR	1	X\$18=			
	Independent	*	Minus .	***		×		X43=			OR		X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	-				+290=			
• 11	the entry in colum	nn 1 is less than the	entry in colur	nn 2, write "O	in colu	Imn 3.	L	TOTAL			OR	<u> </u>	TOTAL			
** 11	the 'Highest Nurr	nber Previously Pain nber Previously Pai ber Previously Paid	for IN THIS	SPACE is le	ss than ss than	20, enter "20." 3. enter "3."		DIT. FEE	oropi	iate bo			DIT. FEE L			